

**GZA
GeoEnvironmental, Inc.**

*Engineers and
Scientists*

July 11, 2008
File No. 01.0019869.00

The Honorable Joseph A. Curtatone
Office of the Mayor
City of Somerville
93 Highland Avenue
Somerville, MA 02143



One Edgewater Drive
Norwood
Massachusetts
02062
781-278-3700
FAX 781-278-5701
<http://www.gza.com>

Re: Notice of Submission
Release Notification Form (BWSC-103)
100 Properzi Way
Somerville, Massachusetts 02143-3740

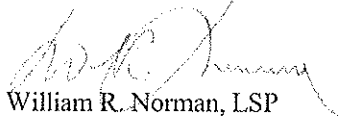
Dear Mayor Curtatone:

On behalf of Moshe Soffdie, GZA GeoEnvironmental, Inc. (GZA) is notifying you regarding the submission to the Massachusetts Department of Environmental Protection (MassDEP) of a Release Notification Form (RNF – BWSC-103) for the above-referenced property located in Somerville, Massachusetts. This notice is provided in accordance with 310 CMR 40.1403(3)(h). The RNF provides notification regarding a 120-day release condition discovered during excavation activities associated with new building construction on the site. A copy of the RNF is attached. Please note that public involvement opportunities are available under 310 CMR 40.1403(9) and 40.1404. For more information about the public involvement regulations that require this notice and a description of public involvement activities available under the Massachusetts Contingency Plan (MCP), see the MassDEP's web site (<http://www.mass.gov/dep/cleanup/sites/pubinv01.htm>).

Very truly yours,

GZA GEOENVIRONMENTAL, INC.


James Daubenspeck
Senior Project Manager


William R. Norman, LSP
Principal

cc: Mr. Moshe Safdie, Somerville, Massachusetts
MassDEP, NERO, Wilmington, Massachusetts
Health Department, Somerville, Massachusetts

Attachment: Release Notification Form (BWSC-103)

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Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC103

RELEASE NOTIFICATION & NOTIFICATION
RETRACTION FORM

Release Tracking Number

-

Pursuant to 310 CMR 40.0335 and 310 CMR 40.0371 (Subpart C)

A. RELEASE OR THREAT OF RELEASE LOCATION:

1. Release Name/Location Aid: _____
2. Street Address: 100 Properzi Way
3. City/Town: Somerville 4. ZIP Code: 02143-3740
5. UTM Coordinates: a. UTM N: 4694076 b. UTM E: 326543

B. THIS FORM IS BEING USED TO: (check one)

- ☒ 1. Submit a Release Notification
- ☐ 2. Submit a Revised Release Notification
- ☐ 3. Submit a Retraction of a Previously Reported Notification of a release or threat of release including supporting documentation required pursuant to 310 CMR 40.0335 (Section C is not required)

(All sections of this transmittal form must be filled out unless otherwise noted above)

C. INFORMATION DESCRIBING THE RELEASE OR THREAT OF RELEASE (TOR):

1. Date and time of Oral Notification, if applicable: _____ Time: _____ ☐ AM ☐ PM
mm/dd/yyyy hh:mm
2. Date and time you obtained knowledge of the Release or TOR: 06/16/2008 Time: 09:59 ☒ AM ☐ PM
mm/dd/yyyy hh:mm
3. Date and time release or TOR occurred, if known: _____ Time: _____ ☐ AM ☐ PM
mm/dd/yyyy hh:mm

Check all Notification Thresholds that apply to the Release or Threat of Release:
(for more information see 310 CMR 40.0310 - 40.0315)

- | | | |
|---|--|--|
| 4. 2 HOUR REPORTING CONDITIONS | 5. 72 HOUR REPORTING CONDITIONS | 6. 120 DAY REPORTING CONDITIONS |
| <input type="checkbox"/> a. Sudden Release | <input type="checkbox"/> a. Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/2 Inch | <input checked="" type="checkbox"/> a. Release of Hazardous Material(s) to Soil or Groundwater Exceeding Reportable Concentration(s) |
| <input type="checkbox"/> b. Threat of Sudden Release | <input type="checkbox"/> b. Underground Storage Tank (UST) Release | <input type="checkbox"/> b. Release of Oil to Soil Exceeding Reportable Concentration(s) and Affecting More than 2 Cubic Yards |
| <input type="checkbox"/> c. Oil Sheen on Surface Water | <input type="checkbox"/> c. Threat of UST Release | <input type="checkbox"/> c. Release of Oil to Groundwater Exceeding Reportable Concentration(s) |
| <input type="checkbox"/> d. Poses Imminent Hazard | <input type="checkbox"/> d. Release to Groundwater near Water Supply | <input type="checkbox"/> d. Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/8 Inch and Less than 1/2 Inch |
| <input type="checkbox"/> e. Could Pose Imminent Hazard | <input type="checkbox"/> e. Release to Groundwater near School or Residence | |
| <input type="checkbox"/> f. Release Detected in Private Well | <input type="checkbox"/> f. Substantial Release Migration | |
| <input type="checkbox"/> g. Release to Storm Drain | | |
| <input type="checkbox"/> h. Sanitary Sewer Release (Imminent Hazard Only) | | |



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Bureau of Waste Site Cleanup

BWSC103

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C. INFORMATION DESCRIBING THE RELEASE OR THREAT OF RELEASE (TOR): (cont.)

7. List below the Oils (O) or Hazardous Materials (HM) that exceed their Reportable Concentration (RC) or Reportable Quantity (RQ) by the greatest amount.

O or HM Released	CAS Number, If known	O or HM	Amount or Concentration	Units	RCs Exceeded, if Applicable (RCS-1, RCS-2, RCGW-1, RCGW-2)
Lead		HM	1760	MG/KG	RCS-1
Chromium		HM	33.5	MG/KG	RCS-1
Benzo(a)pyrene		HM	3.5	MG/KG	RCS-1

☐ 8. Check here if a list of additional Oil and Hazardous Materials subject to reporting is attached.

D. PERSON REQUIRED TO NOTIFY:

1. Check all that apply: ☐ a. change in contact name ☐ b. change of address ☐ c. change in the person notifying

2. Name of Organization: Moshe Safdie

3. Contact First Name: Warren 4. Last Name: Mathison

5. Street: 100 Properzi Way 6. Title: Managing Principal

7. City/Town: Somerville 8. State: MA 9. ZIP Code: 02143-3740

10. Telephone: (617) 629-2100 11. Ext.: 12. FAX: (617) 629-2406

☐ 13. Check here if attaching names and addresses of owners of properties affected by the Release or Threat of Release, other than an owner who is submitting this Release Notification (required).

E. RELATIONSHIP OF PERSON TO RELEASE OR THREAT OF RELEASE:

☒ 1. RP or PRP ☒ a. Owner ☐ b. Operator ☐ c. Generator ☐ d. Transporter

☐ e. Other RP or PRP Specify:

☐ 2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)

☐ 3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))

☐ 4. Any Other Person Otherwise Required to Notify Specify Relationship:



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Pursuant to 310 CMR 40.0335 and 310 CMR 40.0371 (Subpart C)

F. CERTIFICATION OF PERSON REQUIRED TO NOTIFY:

1. I, Warren Mathison, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

2. By: 

Signature

3. Title: Managing Principal

4. For: Moshe Safdie

(Name of person or entity recorded in Section D)

5. Date: 02/10/2008
mm/dd/yyyy

☐ 6. Check here if the address of the person providing certification is different from address recorded in Section D.

7. Street: _____

8. City/Town: _____ 9. State: _____ 10. ZIP Code: _____

11. Telephone: _____ 12. Ext.: _____ 13. FAX: _____

YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.

Date Stamp (DEP USE ONLY:)

